

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101566542

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8		1				
9						
10						
11		1				
12						
13						
14						
15						
16						
17						
18						
19		1				
20	1					
21		1				
22						
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24						
25		1				
26	1					
27		1				
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31						
32		1				
33	1					
34		1				
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37						
38		1				
39						
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41						
42		1				
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3	8		8		8
TOTAL DEP.	39	8	8	8	8	8
TOTAL CLAIMS	42					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY